

Illuminating Value

Frontline Stories of
Data-informed Change

 **UMass Memorial** Health

When complaints arose from opioid-reliant chronic pain patients whose PCPs retired or transitioned, UMASS leveraged its membership in Candello's benchmarking community to quantify the potential clinical and legal risks.

UMass Memorial Health Care

Well Prepared for a Potential Crisis

Management of Long-term Opioids Patients

by Timothy Slowick and Janell Forget, RN, BSN, JD, CPHRM

THE PROBLEM

Ensuring that “no risk is left behind” when a provider retires or transitions.

UMass Medical Center has long been a data-driven organization and, for many years, reliant on medical professional liability (MPL) data to guide and support patient safety program decisions. As a member of the Candello community, we use local and comparative data to recognize and address risks across many clinical service areas. Thus, when we became aware of a burgeoning patient safety and liability concern involving patients on opioid management, we were well prepared to investigate both the human- and data-driven aspects of this potential crisis with equal credibility for senior leadership at our medical center and our captive insurer.

Triggered by patient complaints, we became aware of a risk unique to patients who

manage chronic pain with opioids as they are “orphaned” when their long-term primary care provider retires or relocates beyond access. Due to changes in both medical practice and statewide prescribing regulations, the PCPs taking on opioid-reliant patients may institute different care and medication plans. If those patients find their new regimens intolerable, then both they and their PCP (and other providers they encounter—particularly in the Emergency Department) are at risk for health and behavioral ramifications.

Of course, organizations like UMass Medical Center face numerous daunting challenges—health care delivery is complex even for patients seeking routine care and procedures. Prioritizing those challenges is an art and a science supported by data. In our case, that is often MPL data. We have been tapping into the value of MPL data from more than 15 years, and



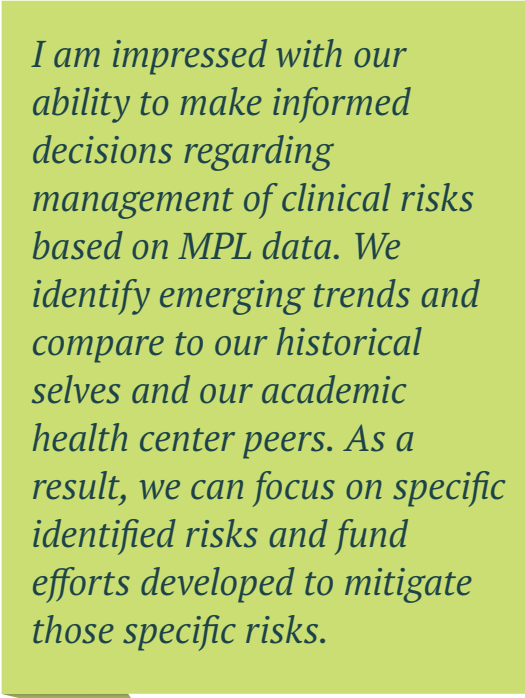
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it is now infused in our corporate culture, a routine part of our standard work. When we try to figure out how a problem goes from A to C, the data helps us understand B.

When we presented our concerns about a growing population of orphaned opioid patients—and our recommended solution—to our captive, we were armed with MPL data highlighting the risk of inaction. That enabled us to demonstrate that not only would patients (and, potentially providers) suffer, but we faced the potential of considerable malpractice losses. Because of the MPL data, they saw this as a medical, reputational, and legal risk. Even with many competing issues reaching their desks, our leaders readily supported and funded our effort to identify the physicians who were best prepared to take on and adeptly manage opioid patients whose prescribing provider had retired or left. As a result, at-risk patients who might otherwise have been underserved are now working with clinicians who understand their specific health care needs.

Timothy Slowick is the Director of Claims Management and Janell Forget is the Assistant Vice President of Risk Management at UMass Memorial Health Care.



I am impressed with our ability to make informed decisions regarding management of clinical risks based on MPL data. We identify emerging trends and compare to our historical selves and our academic health center peers. As a result, we can focus on specific identified risks and fund efforts developed to mitigate those specific risks.

ERIC W. DICKSON, MD, MHCM, FACEP
PRESIDENT AND CEO,
UMASS MEMORIAL HEALTH CARE

In a field of research plagued by inadequate data, [Candello] is a treasure. It contains information on claims that did not result in a payment, as well as physicians' specialty and detailed information on the allegations, injuries, and their causes.

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With a strong foundation using MPL data to identify and prioritize key safety challenges face by opioid-reliant patients, UMASS had the necessary credibility to move quickly on data highlighting potential clinical, legal, and reputational risks of inaction.